



General Assembly

Amendment

February Session, 2018

LCO No. 3710



Offered by:
REP. SCANLON, 98th Dist.

To: Subst. House Bill No. **5383**

File No. 316

Cal. No. 211

"AN ACT CONCERNING DISPUTES BETWEEN HEALTH CARRIERS AND PARTICIPATING PROVIDERS THAT ARE HOSPITALS."

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. Subsection (g) of section 38a-472f of the 2018 supplement
4 to the general statutes is repealed and the following is substituted in
5 lieu thereof (*Effective July 1, 2018*):

6 (g) (1) (A) A health carrier and participating provider shall provide
7 at least [sixty] ninety days' written notice to each other before the
8 health carrier removes a participating provider from the network or
9 the participating provider leaves the network. Each participating
10 provider that receives a notice of removal or issues a departure notice
11 shall provide to the health carrier a list of such participating provider's
12 patients who are covered persons under a network plan of such health
13 carrier.

14 (B) A health carrier shall make a good faith effort to provide written
15 notice, not later than thirty days after the health carrier receives or
16 issues a written notice under subparagraph (A) of this subdivision, to
17 all covered persons who are patients being treated on a regular basis
18 by or at the participating provider being removed from or leaving the
19 network, irrespective of whether such removal or departure is for
20 cause.

21 (C) For each contract entered into, renewed, amended or continued
22 on or after July 1, 2018, between a health carrier and a participating
23 provider that is a hospital, as defined in section 38a-493, or a parent
24 corporation of a hospital, if the contract is not renewed or is terminated
25 by either the health carrier or the participating provider, the health
26 carrier and the participating provider shall continue to abide by the
27 terms of such contract, including reimbursement terms, for a period of
28 sixty days from the date of termination or, in the case of a nonrenewal,
29 from the end of the contract period. Except as otherwise agreed
30 between such health carrier and such participating provider, the
31 reimbursement terms of any contract entered into by such health
32 carrier and such participating provider during said sixty-day period
33 shall be retroactive to the date of termination or, in the case of a
34 nonrenewal, the end date of the contract period. This subparagraph
35 shall not apply if the health carrier and participating provider agree, in
36 writing, to the termination or nonrenewal of the contract and the
37 health carrier and participating provider provide the notices required
38 under subparagraphs (A) and (B) of this subdivision.

39 (2) (A) For the purposes of this subdivision:

40 (i) "Active course of treatment" means (I) a medically necessary,
41 ongoing course of treatment for a life-threatening condition, (II) a
42 medically necessary, ongoing course of treatment for a serious
43 condition, (III) medically necessary care provided during the second or
44 third trimester of pregnancy, or (IV) a medically necessary, ongoing
45 course of treatment for a condition for which a treating health care
46 provider attests that discontinuing care by such health care provider

47 would worsen the covered person's condition or interfere with
48 anticipated outcomes;

49 (ii) "Life-threatening condition" means a disease or condition for
50 which the likelihood of death is probable unless the course of such
51 disease or condition is interrupted;

52 (iii) "Serious condition" means a disease or condition that requires
53 complex ongoing care such as chemotherapy, radiation therapy or
54 postoperative visits, which the covered person is currently receiving;
55 and

56 (iv) "Treating provider" means a covered person's treating health
57 care provider or a facility at which a covered person is receiving
58 treatment, that is removed from or leaves a health carrier's network
59 pursuant to subdivision (1) of this subsection.

60 (B) (i) Each health carrier shall establish and maintain reasonable
61 procedures to transition a covered person, who is in an active course of
62 treatment with a participating health care provider or at a participating
63 facility that becomes a treating provider, to another participating
64 provider in a manner that provides for continuity of care.

65 (ii) In addition to the notice required under subparagraph (B) of
66 subdivision (1) of this subsection, the health carrier shall provide to
67 such covered person (I) a list of available participating providers in the
68 same geographic area as such covered person who are of the same
69 health care provider or facility type, and (II) the procedures for how
70 such covered person may request continuity of care as set forth in this
71 subparagraph.

72 (iii) Such procedures shall provide that:

73 (I) Any request for a continuity of care period shall be made by the
74 covered person or the covered person's authorized representative;

75 (II) A request for a continuity of care period, made by a covered
76 person who meets the requirements under subparagraph (B)(i) of this

77 subdivision or such covered person's authorized representative and
 78 whose treating provider was not removed from or did not leave the
 79 network for cause, shall be reviewed by the health carrier's medical
 80 director after consultation with such treating provider; and

81 (III) For a covered person who is in the second or third trimester of
 82 pregnancy, the continuity of care period shall extend through the
 83 postpartum period.

84 (iv) The continuity of care period for a covered person who is
 85 undergoing an active course of treatment shall extend to the earliest of
 86 the following: (I) Termination of the course of treatment by the covered
 87 person or the treating provider; (II) ninety days after the date the
 88 participating provider is removed from or leaves the network, unless
 89 the health carrier's medical director determines that a longer period is
 90 necessary; (III) the date that care is successfully transitioned to another
 91 participating provider; (IV) the date benefit limitations under the
 92 health benefit plan are met or exceeded; or (V) the date the health
 93 carrier determines care is no longer medically necessary.

94 (v) The health carrier shall only grant a continuity of care period as
 95 provided under subparagraph (B)(iv) of this subdivision if the treating
 96 provider agrees, in writing, (I) to accept the same payment from such
 97 health carrier and abide by the same terms and conditions as provided
 98 in the contract between such health carrier and treating provider when
 99 such treating provider was a participating provider, and (II) not to
 100 seek any payment from the covered person for any amount for which
 101 such covered person would not have been responsible if the treating
 102 provider was still a participating provider."

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2018	38a-472f(g)